

# REVISED OPERATIONAL STRATEGY

Mozambique, Africa | 2021-22 Floods and Cyclones

25 January 2021 – 31 January 2023



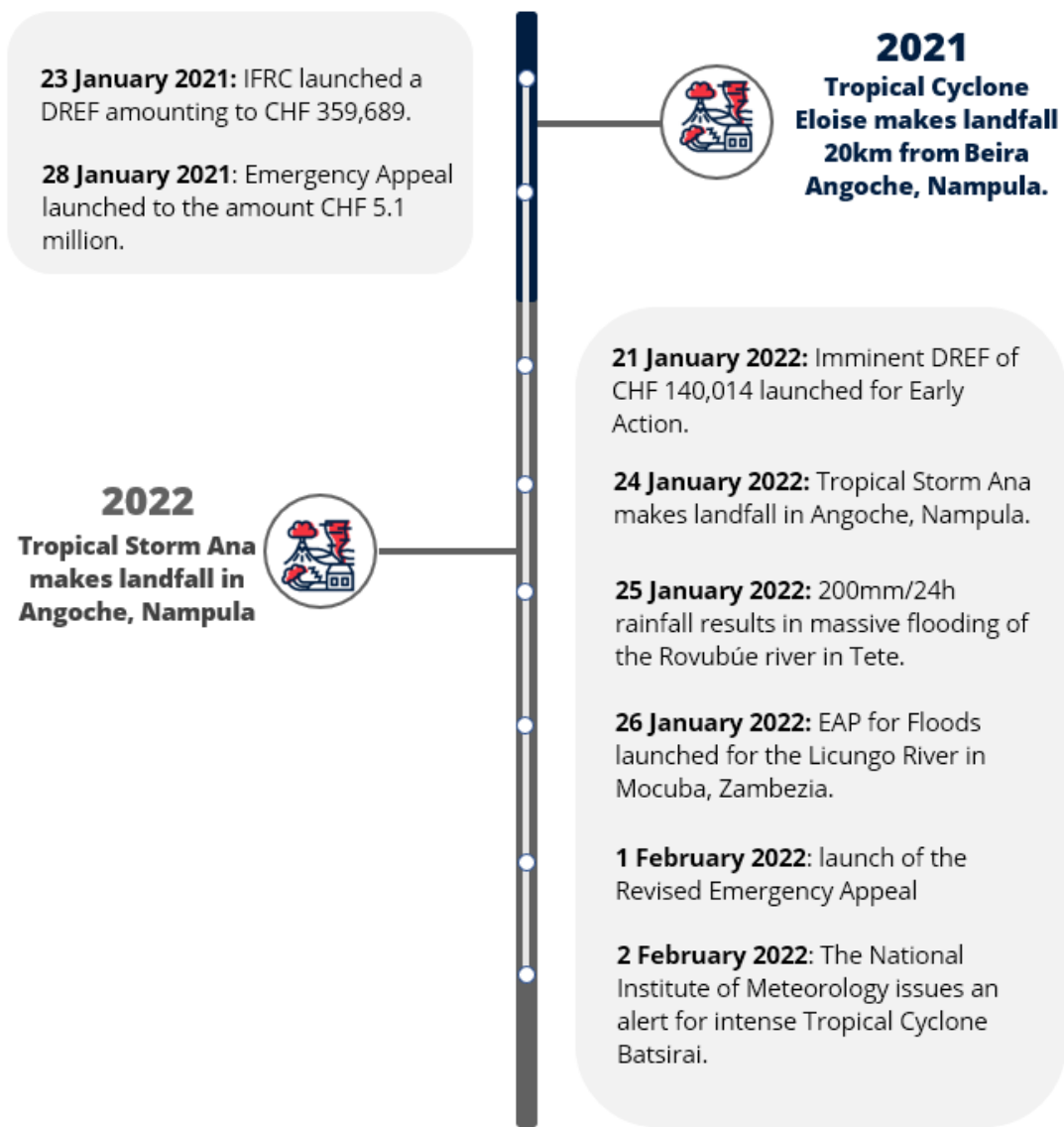
Mozambican Red Cross volunteers working in close collaboration with the National Institute for Disaster Management to carry out early warnings and evacuations in Nampula before the storm struck

Appeal No: <b>MDRMZ016</b>	To be assisted: <b>226,500 people</b> (115,000 in 2021)	Appeal revised: <b>25/01/2021</b>
Glide No: <b>XX-2014-123456-XXX</b>	DREF allocated: <b>CHF 500,000</b> (including CHF140,041 for imminent disaster)	Disaster Categorization: <b>Orange</b>

**IFRC Funding requirement: 5.5 million CHF**  
**Federation-wide funding requirement: 7.5 million CHF**  
**To assist: 226,500 people**



# TIMELINE



This Operational Strategy (OS) describes actions for 2021/22 under the [revised Emergency Appeal for Floods and Cyclones](#) (Initially Cyclone Eloise Operation). The original [Emergency Plan of Action](#) was launched on 28 January 2021 to reach 115,000 people in Sofala, Manica, and Zambezia Provinces, affected by Tropical Cyclone (TC) Eloise. Therefore, the revised Operational Strategy includes the recovery activities under TC Eloise and emergency response to Tropical Storm (TS) Ana who made landfall on 24 January 2022, affecting Nampula, Zambezia, Tete, Zambezia, Sofala, Manica, and Niassa Provinces. The revised OS details additional support to cover the needs of 111,500 people (22,300 households) in the most vulnerable households affected by Tropical Storm Ana with emergency response and recovery assistance and support the ongoing preparedness activities for the current floods and cyclone season.

## DESCRIPTION OF THE EVENT

In 2021, TC Eloise (category 2) made landfall in the first hours of 23 January 2021, 20km south of the Beira City in Sofala Province, bringing winds of 140km/h and wind gusts of over 160km/h and extreme and widespread rainfall in Beira and many districts in Sofala, southern Manica, northern Inhambane and eastern Gaza. Other areas were already flooded ahead of Eloise’s landfall, especially surrounding places including Buzi and Nhamatanda resulting in thousands of displaced people. An estimated 441,690 people were affected by the storm.

In 2022, Tropical Storm Ana made landfall in Angoche, Nampula Province at 10 am on 24 January 2022 with wind speeds from 100-130 km/h. The storm brought precipitation of 200mm in 24 hours, leading to immediate flooding in the Licungo and Luazi Rivers. Twenty-four hours after landfall, tropical storm Ana turned into a tropical depression system and brought significant rainfall to the northern and central regions. Heavy rainfall also impacted Malawi<sup>1</sup>, the runoff of which also reached the Rovubué and Zambezi Rivers in Mozambique. An estimated 180,869 people have been affected throughout the country. As we are still in the early phase of the rain and cyclone season in Mozambique, it is likely that this will not be the last storm to impact the country. Therefore, preparedness efforts must continue alongside the response to assist to affected populations.

### Mozambique : Tropical Cyclone Ana

4 February 2022

Moderate Storm (January 31, 2022, preliminary data of the Ana Moderate Tropical Storm entered Mozambique on January 24 with winds between 100 to 130 kilometers per hour and precipitation above 100 millimeters in 24 hours. The entry point was Angoche around 10.00 am, impacting the provinces of Niassa, Nampula, Zambezia, Tete, Manica, and Sofala.

#### POPULATION AFFECTED

 **141,483**  
People Affected

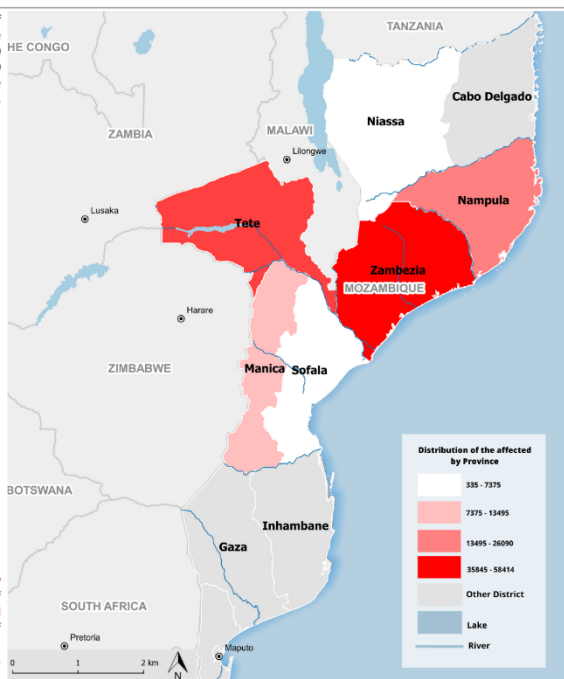
 **29,000**  
Families Affected

 **220**  
Injured

 **25**  
Deaths

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: GADM, INGD, Mozambique RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



## Severity of humanitarian conditions

### 1. Impact on accessibility, availability, quality, use, awareness of goods and services

Mozambique is a country prone to hydrological disasters which normally have extreme impacts on population and infrastructure. Mozambique has suffered multiple shocks in recent years, with the population enduring

<sup>1</sup> A separate Emergency Appeal has been launched for Malawi floods and TS Ana response (MDRMW015)

severe floods, droughts, outbreaks (cholera and COVID-19), and conflict. Over the past three years, the most significant disasters to affect the same areas are the following:

- January 2019, Tropical Storm Desmond;
- March 2019, Tropical Cyclone Idai;
- April 2019, Tropical Cyclone Kenneth;
- January-February 2020, Floods in Central Provinces (especially Sofala province: Buzi, Nhamatanda districts, and Manica province);
- December 2020, Tropical Storm Chalane;
- and January 2021, Tropical Cyclone Eloise.

In 2021, the Province of Sofala was the worst hit by Eloise and had already been affected by Tropical Storm Chalane in December 2020 and significant flooding as a result of heavy rainfall since 15 January. Discharge of water from Chicamba dam and the Mavuzi reservoir had also caused flooding.

Tropical Cyclone Eloise made landfall in the first hours of 23 January, 20km south of the Beira City in Sofala Province, as a Category 2 Tropical Cyclone. It came with winds of 140 km/h and gusts of up to 160 km/h, according to Mozambique's National Institute of Meteorology (INAM). Tropical Cyclone Eloise also caused heavy rainfall with 250 mm of rain in 24 hours, according to INAM, while other areas were already flooded ahead of Eloise's landfall, resulting in thousands of displaced people. The cyclone also caused severe flooding in the same area that was just recovering from two similar cyclones in 2019 – Idai and Kenneth – and by Tropical Storm Chalane on 30 December 2020.

Assessments reported by the National Institute for Disaster Management and Risk Reduction (INGD) on 8 February confirmed that 86,412 families (441,686 people) were affected by Eloise in Zambezia, Sofala, Manica, Inhambane and Gaza. Houses, social infrastructure, agriculture, power and communication sectors have all been affected. The flooded areas included around the Zambezia, Pungue and Buzi river basins.

In 2022, northern and central Mozambique were hit as Tropical Storm (TS) Ana made landfall on 24 January with windspeeds ranging from 100 to 130 km/h and rainfall in excess of 200mm/24h. TS Ana destroyed more than 20,000 houses, damaged over 18,000, and impacted 765 schools which affects 295,000 children's education in the 6 affected Provinces. A total of 26 health centres were damaged, and cases of diarrhea were reported one week later in two provinces. An estimated 111,000 hectares of fields have been damaged and flooded in the peak growing season, leading to future rising food insecurity. Roads and bridges were washed away by swollen rivers, affecting access to locations in Tete and Zambezia. The strength of Tropical Storm Ana was not as severe as that of Idai, but it has impacted a larger area than either Eloise or Idai. The same highly vulnerable communities are still struggling to rebuild their homes and livelihoods and their resilience has reduced. The revised OS serves to expand support from the 2021 cyclone to include those affected in 2022.

## **2. Impact on physical and mental well being**

People in the affected communities have been repeatedly hit with yearly disasters. This removes their sense of security and safety in their homes. The widespread poverty within the country is worsened by these events, leaving people without the means to recover which negatively affects their mental health and may lead to negative coping strategies. People may feel hopeless or lose their sense of agency to improve their situation. There is a need for safe spaces for vulnerable persons and mental health services such as psychosocial support.

Volunteers and staff are suffering double stress because they are at the same time victims and responders. It is very urgent to start providing psychosocial support to set coping strategies and to strengthen resilience

mechanisms to the families affected by the disaster because the psychological and social impacts of emergencies may be present acutely, but they can also become chronic and undermine the long-term mental health and psychosocial well-being of the affected population. Early intervention will support recovery.

### 3. Risks & vulnerabilities

The areas affected by these storms are very poor communities in rural Mozambique. They are repeatedly affected by seasonal storms and floods, never allowing the chance to rebuild and recover before another disaster occurs. These weather disasters compound existing issues of food security, poverty, malnutrition, and low levels of healthcare access. The ongoing COVID-19 pandemic has brought additional shocks and further increased the strain on the overburdened health care system.

Mozambique is impacted by climate change with noticeably shortened rainy seasons at higher intensities leading to cycles of floods and droughts. Tropical Storms and Cyclones are becoming both more frequent and more intense due to higher ocean temperatures from climate change. The country ranked 1st out of 180 countries in the Global Climate Risk Index 2021, and 5th highest for long-term Climate Risk Index<sup>2</sup>.

Mozambique has one of the longest coastlines in Africa, estimated to be 2,700 km long. At least 80% of jobs are dependent upon natural resources, most of which are coastal. There is growing pressure on coastal resources to meet high demand for food, fuelwood, construction materials, agricultural expansion, and settlement. The Mozambique forest cover is reduced in an unprecedented speed which bring significant threat to the communities, and their livelihood, including the biodiversity which exacerbate the poverty condition that trigger unwanted social behaviour within and outside the rural communities.



Figure 1. forest deterioration over the past 20 years

A considerable percentage of the country's population suffer from underlying chronic health conditions, related to unsafe water consumption, poor or inexistent sanitation systems, limited access to health services, low immunization coverage, low uptake of or access to family planning methods and poor health education and information, and lack of access to nutritious foods. With a Humanitarian Development index of 0,446 a large part of the Mozambican population is socio-economically vulnerable. The health infrastructure of Mozambique is fragile in terms of infrastructure, equipment, medicines, and personnel. Infrastructure is inadequate, insufficient and access is low. Moreover, there are only 0,06 doctors per 1,000 citizens (National Institute for Statistics, 2017).

Malaria is endemic in Mozambique and the incidence is 33.8%. The Mozambican population suffers of many chronic diseases such as HIV, Tuberculosis and Diabetes. The incidence of HIV is 13,2%, 2,183.786 affected, and on a yearly basis 53,837 people losing their lives. People with HIV and tuberculosis are more vulnerable to COVID19 and could have a more severe disease pattern leading to possible death. cardiovascular diseases (9%) and lower respiratory infections (7% prevalence)<sup>3</sup>. Furthermore, global malnutrition rate (GAM) is high at 24%, and global food insecurity at 25%<sup>4</sup>. Low nutritional intake and low levels of vitamin D, reduces the capacity of those individuals to recover from a potential infection.

<sup>2</sup> <https://reliefweb.int/report/world/global-climate-risk-index-2021>

<sup>3</sup> <https://data.worldbank.org/country/mozambique>

<sup>4</sup> <https://www.wfp.org/countries/mozambique>

Concerning security, the conflict in Cabo Delgado continued throughout 2021, leading to an increase in Internally Displaced Persons (IDPs) in the neighbouring provinces of Niassa and Nampula. OCHA estimates that nearly 1 in every 3 people from Cabo Delgado are now IDPs, with some relocating multiple times<sup>5</sup>. As a result, there is rising food insecurity for IDPs and their host communities. The loss of crops and shelters due to Tropical Storm Ana is further increasing their insecurity.

Women and girls, children, elderly, immigrants, people with disabilities and with underlying conditions will experience heightened vulnerability due to compounded effects of multiple disasters: floods, cyclones, and the COVID-19 pandemic. Challenges will include further restraint in accessing protection services, medical care, and livelihoods. Children and adolescents are at risk as they may be involved in negative coping mechanisms, such as withdrawal from schools, early marriages and engaging in at risk income-generating activities. Violence against children, women and girls associated with social isolation, fear of repercussions and confinement may become even more prevalent, in a situation where access to social protection services may be discontinued.

## CAPACITIES AND RESPONSE

### 1. National Society response capacity

#### 1.1 National Society capacity and ongoing response.

The Mozambican Red Cross (Cruz Vermelha de Moçambique - CVM) has a longstanding partnership with the National Institute for Disaster Management (INGD) and is considered the best national organization to respond to emergencies in all provinces. The National Society (NS) has a presence in all 11 provinces of the country and currently covers 133 districts through its district branches, out of the 154 districts. The CVM has approximately 220 permanent staff that ensure programmes are delivered in all 11 provinces and manage a large network of 6,500 volunteers countrywide. CVM also has nine warehouses in the nine Provinces, enabling a preparedness and prepositioning capacity to respond to eventual emergencies. In the areas affected by TS Ana, the table below provides an overview of current engagement and capacities.

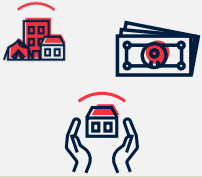


Provinces	Nampula	Zambezia	Tete	Niassa	Sofala	Manica
<b>Closest branch</b>	Nampula	Quelimane	Tete City	Niassa	Beira	Chimoio
<b>Closest warehouse</b>	Nampula	Quelimane	Tete City	Niassa	Caia	Chimoio
<b>Number of vehicles</b>	1	0	1	1	2	2
<b>Number of staff</b>	4	3	4	4	<b>11</b>	<b>2</b>
<b>Number of active volunteers</b>	106	180	46	5	<b>31</b>	4

Concerning the work completed in the first year of the Appeal, the Mozambique Red Cross (CVM) was ready and has positioned two emergency teams to support populations prior to landfall of TC Eloise, with volunteers sensitizing and supporting the preparedness of populations and evacuating people from flood-prone areas and was one of the first actors to respond to the emergency on the ground. Ahead of the landfall, CVM staff and volunteers disseminated early warning messages to communities in the path of the cyclone to minimize the impact. As a result, many families were moved to safer areas, where they had received support from our teams.

<sup>5</sup> <https://reports.unocha.org/en/country/mozambique/>

CVM started providing assistance to people evacuated to accommodation sites, even before the disaster, supplying mosquito nets, chlorine, and facilitating cholera, malaria and COVID-19 prevention activities. Immediately after TC Eloise triggered landfall, Mozambique Red Cross (CVM) volunteers were engaged in search and rescue activities in affected areas.

CVM activated its 2020/21 Contingency Plan and performed the following activities for the emergency response, to support the coordinated efforts of the National Institute for Disaster Management (INGD)<sup>6</sup>

SECTOR	ACTIVITIES ONGOING
	<ul style="list-style-type: none"> <li>• 28 volunteers trained in Emergency Shelter construction so they can instruct or directly support families that receive shelter kits to build safe and adequate shelter. They were also trained on data collection for distribution activities using KOBO for future assessment and registration activities</li> </ul>
	<ul style="list-style-type: none"> <li>• Distribution of 500 mosquito nets in accommodation centres (Nhamatanda District) and 1,128 bottles of Certeza/chlorine distributed to 4,224 community members accompanied by presentation of household water treatment process (Districts of Búzi, Dondo, Beira, Nhamatanda). Approximately 61,467 litres of water were treated.</li> <li>• CVM volunteers carried out sensitization on acute watery diarrhoea, malaria and COVID-19 in 8 accommodation centres and 7 neighbourhoods through 96 volunteers. Some 135 presentations were held, reaching 19,249 people. An additional 305 Focus Group Discussions (FDG) were held in the accommodation centres reaching 19,225 people.</li> <li>• Psychosocial Support (PSS) to staff, volunteers and community members were provided. Around 1,040 sessions were held and 5,005 people reached.</li> <li>• A total of 9 handwashing stations were set up in accommodation centres reaching 17,414 people.</li> <li>• Cleaning sessions were carried in Nhamatanda and Caia accommodation centres to disinfect public areas as part of COVID-19 prevention. There were 19 cleaning sessions undertaken reaching 4,987 people.</li> </ul>
	<ul style="list-style-type: none"> <li>• Deployment of two teams from headquarters level to Inhambane, Manica and Sofala Provinces in preparation for landfall. The team in Sofala was deployed for a long-term mission, to be the CVM counterpart for all the projects implemented with the IFRC support.</li> <li>• Dissemination of Early Warning messages and support in evacuation the days before landfall through sound systems on cars and volunteers in Búzi and Beira.</li> <li>• Search and rescue of 150 families (882 persons, 78 men, 458 women, 346 children) through volunteers by boat in Búzi. People were rescued from rooftops and treetops. First aid was provided to affected families.</li> <li>• CVM supported 24,301 persons to cross the river in Nhamatanda district by deploying the emergency search and rescue boats, in cooperation with UNAPROC, the national unit for civil protection, and INGC, the national institute for disaster management.</li> </ul>
	<ul style="list-style-type: none"> <li>• CVM supported the government by mobilizing 96 volunteers in transit centres and put on standby a further 150 volunteers in the Sofala Province.</li> <li>• In Zambézia and Manica, 180 CVM volunteers were involved in the rapid assessments integrated into the multisector led by INGD. Three teams were sent for multi-sectoral assessments in the districts of Nhamatanda, Búzi and Machanga in the province of Sofala.</li> </ul>

<sup>6</sup> Beira refers to urban áreas. The rest of the areas are rural.

- CVM actively participated in different Sector Clusters and led the Shelter Cluster with the IFRC and Movement partners' support to ensure better coordination and harmony of response activities.
- CVM participated in different coordination meetings such as at CENOE (Centro Nacional Operativo de Emergência = Emergency Operations National Centre), led by INGD and HCT at all levels.

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## 1.2 National capacity and response

The National Institute of Meteorology (INAM) sends updates and monitors potential weather events, including storms and floods, and sends the first alert within the country. The National Institute for Disaster Management (INGD) leads preparedness while Emergency Operations Centres (Centro de Operações de Emergência, COE) are operational at the provincial level for planning and coordinating the emergency response among humanitarian actors. INGD, the National Centre for Emergency Operations (CENOE) and humanitarian partners preposition teams and supplies in relevant areas. Right before an event, INGD issues evacuation alerts to the projected areas of impact. CVM and IFRC actively participate at COE meetings on provincial and district level, seen as one of the major partners by the government, and is currently contributing to the government-led national response plan, which stems from the national contingency plan for the cyclone season.

## 2. International capacity and response

### 2.1 RCRC Movement capacity and response

#### IFRC Membership

The IFRC through its operational team in country will provide operational and coordination capacity to support the Federation Wide approach in support of the CVM. There are five operational partner National Societies (PNSs) in country with which the IFRC coordinates monthly meetings with MRCS to discuss progress on bilateral and joint projects and initiatives:

The **International Federation of Red Cross and Red Crescent Societies (IFRC)**: To support CVM response, IFRC launched a [DREF for imminent disaster](#) approved on 21 January in anticipation of Ana landfall. This DREF was later accompanied on 31<sup>st</sup> of January by a revision of the Emergency Appeal TS Eloise to expand the scope of the response to the impact of TS Ana. The IFRC deployed operational teams, with specific functions such as communication, shelter, operations delegates, to the affected areas to support the CVM branches with rapid assessment, coordination with authorities, setup and management of evacuation centres. The IFRC also provides expertise for support functions through an administrative and finance setup already ongoing to ensure an efficient and rapid cash flow to CVM branches actively responding. The IFRC and CVM are the co-lead of the Shelter Cluster coordination for this response.

The IFRC closely coordinates with the five PNSs currently present in-country, providing long-term support to the CVM. They are the **Spanish, German, Belgian-Flanders, French**, and the **Italian Red Cross Societies**. **Netherlands Red Cross** currently does not have in-country presence but continues to partner with CVM.

**German Red Cross (GRC)** is assisting CVM in the execution of an [Early Action Protocol \(EAP\)](#) for floods in a tri-party agreement with IFRC that has been triggered in the Licungo river on 27 January 2022. The activation of the protocol under the Forecast-based Action by the DREF is in response to the floods and not covered by this revised Emergency Appeal. GRC also has a Forecast-based financing (FbF) project that covers Nampula, Zambezia, Sofala,

Inhambane and Gaza provinces. Additionally, **Belgium Red Cross-Flanders (BRCFI)** has a presence in Nampula and is assisting the NS in its response with technical staff support and distribution of Essential Household Items in that province.

The **International Committee of the Red Cross (ICRC)** has a delegation in country and works in the conflict-affected Cabo Delgado where significant displacement of populations continues. In Manica and Sofala provinces, it supports Covid-19 prevention activities and restoring family links in emergencies. In addition to ground operations, the ICRC collaborates with CVM capacitating its staff and volunteers in the areas of International Humanitarian Law (IHL), Safer Access and other jointly identified areas. ICRC has emergency funds available but has not yet confirmed their support for the response to TS Ana.

## 2.2 International Humanitarian Stakeholder capacity and response

The Cluster system has been active in Mozambique since Cyclone Idai in 2019. CVM/IFRC are leading the Shelter Cluster for natural disasters, UNICEF the WASH Cluster, WHO the Health, WFP the Food Security and Save the Children the Protection cluster. OCHA leads the coordination among the various Clusters, which are grouped by region and are the main source of coordination among humanitarian actors for needs and gaps, working together to support the INGD – National Institute for Disaster Management. The most visible humanitarian actors in the response, in addition to the Red Cross and Red Crescent Movement and UN agencies are Save the Children, CARE, MSF, Doctors of the World, Action Against Hunger, PLAN International, World Vision and Caritas. These international organizations work alongside national NGOs and Associations, however additional efforts are required to increase national capacity, and localize the humanitarian response.

## 3. Gaps in the response

There is a gap in immediate emergency shelter needs and the shelter HH items available for distribution among the humanitarian actors, with shelter being the priority need at this time. As diarrhea cases are rising there is an urgent need for hygiene promotion, including the provision of clean water. Sensitizations and prepositioning of oral rehydration points should be established, as there is a high risk of cholera throughout the country. Personal Protective Equipment (PPE) is needed to prevent malaria and COVID-19. There is a need for protection of vulnerable persons, especially women, who have additional burdens due to damage caused by the storms.

Regarding preparedness for future emergencies, there is also a need to increase capacity and preposition additional emergency stocks in warehouses located in Sofala, Nampula, Zambezia to help CVM respond to upcoming events in a larger geography nationwide.

There will be a gap to build resiliency and recover within the affected areas after the acute emergency to rebuild their livelihoods and to prepare for future disasters without being trapped in a cycle of poverty. An FSL response is expected later in the year as hunger rises due to the crops destroyed by the floods. There is a gap in resilient housing, as new emergency shelters are needed yearly in some areas. The Red Cross would like to scale up durable housing construction throughout the affected areas to improve household resiliency.

There is a potential gap regarding the protection and the wellbeing of the volunteers involved in the response (starting with basic needs like insurance, uniforms to more complex issues like psychosocial support and counseling to be provided). In this complex scenario, it is important to foster, encourage and support the National Society in adopting a better volunteering management system at national and branches level.

Reconstruction of damaged/destroyed community infrastructures will be required. A total of 765 schools were affected with 2,457 classrooms destroyed. This affects the education of 298,442 students. Additionally, 2,275 kilometers of roads were damaged and 45 remain impassible at this time.

As of 6 February, a total of 180,869 people or 36,862 households have been affected by Tropical Storm Ana. The main needs of the affected population and response gaps are as per the below table.

Identified Gaps	Analysis
<b>Shelter and settlements</b>	<ul style="list-style-type: none"> <li>Emergency shelter: 20,881 houses damaged, 12,093 houses destroyed, and 6,116 houses flooded. Emergency and durable shelter solutions are required for families affected will increase resilience to future shocks.</li> <li>Essential Household items (EHIs) such as mosquito nets, jerrycans, sleeping mats, basins, blankets, kitchen sets, etc. to meet immediate needs</li> </ul>
<b>Accommodation centers</b>	<ul style="list-style-type: none"> <li>Many households have been displaced and were staying in temporary resettlement centers. In the immediate aftermath 10,814 persons were reported in 20 temporary accommodation centers in Tete, Zambezia and Nampula provinces. The sites include designated camps, churches, schools and other public structures.</li> <li>As of the 6 February, 1,928 people remained in the centers and the rest have been moved to permanent resettlement sites. It is reported there is an urgent need to provide food, water and sanitation to the displaced people in the camps.</li> </ul>
<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>The floods associated with heavy rains have caused widespread damage to standing crops, seeds, tools, killed livestock and affected opportunities for agricultural labor for incomes and incomes from livestock and livestock products. An estimated 111,150 hectares of fields have been affected by the storm. The commodities lost include <a href="#">maize grain, flour, different types of pulses and small fish</a>.</li> <li>Affected families lost a great share of their fields and natural assets – both at community and household levels. The crop loss will contribute to quick depletion of already fragile food stocks, and the resulting food shortages and loss of livelihoods and income may lead to negative coping strategies and increased social vulnerabilities in terms of dropout of school-going children, early marriage, domestic violence and SGBV.</li> <li>Support in livelihoods recovery for agriculture and fisheries sectors as 138 fishing boats and 4,016 livestock were lost in the storm.</li> <li>The areas impacted are already suffering from significant food insecurity and are predicted as <a href="#">IPC and IPC3</a> (stressed and crisis classification), hence food or multipurpose cash assistance will be required.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>Poor sanitation conditions in the flooded areas and the presence of stagnant pools of water provide conducive environment for mosquito breeding that might increase incidences of malaria and lead to waterborne diseases such as cholera and acute watery diarrhea. An increase in diarrhea cases has already been reported in Sofala and Nampula Provinces and a cholera outbreak is likely, as they have occurred following similar storms in recent years.</li> <li>Set up of oral rehydration points in case of an increase of AWD cases and to prevent a cholera outbreak. Three districts are on red alert due to diarrhea cases as of 2<sup>nd</sup> of February in Sofala (Chibabava, Marromeu, Nhamatanda) with reports in Manica and Nampula Provinces. A cholera case has not yet been confirmed at this time, however, an outbreak has followed previous disasters in these regions (2019 Beira, 2020 Nampula, and 2021 Caia) and the RCRC should be prepared for a rapid response.</li> <li>During the floods, the health services were disrupted in some health facilities where roads were washed away, and ambulances could not pass to pick up referral cases.</li> <li>A total of 26 health units, out of 1,404 in Mozambique were damaged by TS Ana.</li> <li>Psychosocial support to affected families who are in traumatic and stressful situations, especially those affected by multiple hazards over recent years.</li> <li>As crops are lost due to the floods there is a risk of increased malnutrition.</li> <li>Personal Protective Equipment (PPEs) for COVID-19 mitigation and awareness and sensitization sessions to prevent disease outbreaks among community members and to protect the staff and volunteers responding to the situation.</li> </ul>

<p><b>WASH</b></p>	<ul style="list-style-type: none"> <li>• It is reported that there has been significant water and sanitation infrastructure damage. Community wells have been contaminated, and household latrines destroyed. At least 25 water points have been destroyed. This resulted in a lack of water for domestic use for the vulnerable communities.</li> <li>• Displaced communities are also at risk of water and vector borne diseases, due to stagnant water and feared contamination. Inadequate water compromise practice of good hygiene exposing the families further to diseases outbreak.</li> <li>• UNICEF reports the indications are that the situation is dire, and that people desperately need safe water for drinking and other household use as well as sanitation and hygiene facilities. They also urgently need soap, water treatment chemicals, buckets for water collection and hand washing and other water and hygiene materials to prevent water-borne disease outbreaks such as cholera.</li> <li>• Water containers, clean water, chlorine and hygiene promotion to meet WASH needs as 25 water points have been damaged.</li> <li>• Sanitation: temporary facilities, especially in accommodation centres and for IDPs, and rehabilitated permanent facilities, particularly for people with special needs and in schools.</li> <li>• Community mobilization on hygiene promotion and disease prevention through EPIC (Epidemic Prevention in Communities) approach.</li> </ul>
<p><b>PGI</b></p>	<ul style="list-style-type: none"> <li>• Women and children are the most vulnerable groups and are living with sense of fear of domestic violence, SGBV and abuse of exploitation in congested environment of people in temporary settings, high exposure to insecurity in accessing nighttime water and sanitation facilities.</li> <li>• An estimated 298,000 students have been affected by the storm with 2,450 classrooms destroyed, placing these children in vulnerable situations as their families search for sources of income to recover.</li> <li>• Protection, gender and inclusion for affected vulnerable persons and to prevent a rise in Gender-based Violence risks due to displacement and negative coping mechanisms such as early marriage.</li> </ul>

## OPERATIONAL CONSTRAINTS

The major operational constraint is due to the scale of the emergency and wide geographical area which was affected by the cyclone. Secondly, the complexity of vulnerabilities including various risks and knock-on impacts of several seasons of cyclones, food insecurity, malnutrition, worsened by periodic outbreaks of cholera, and now COVID-19.

Because of these two issues:

- CVM needs additional resources to scale-up the operation with humanitarian relief items and support in the areas of operations management, coordination, fleet, logistics, and support services. There is a particular need to strengthen the logistics capacity of CVM.
- Additional support is needed for Information Management and Planning, Monitoring, Evaluation, and Reporting (PMER) for the data management of the programme.
- Support is also required in terms of National Society Development and volunteering, to support the National Society in achieving better outcomes, a better coordination amongst branches and volunteers and to be institutionally prepared to face this emergency.

As the Red Cross leads the Shelter Cluster, there is a need for an emergency Shelter Cluster Coordination profile. For the technical implementation, the WASH, Health, FSL, PGI, and CEA teams will need to scale up.

The NS needs additional capacity building to support Cash & Voucher Programs (CVA) and to set up and scale up the system that was implemented during Idai and prepositioned for an emergency. The HR needs will be addressed through rapid recruitment of staff and through requests for surge personnel.

Over 40 languages are spoken in Mozambique alone and only half of the population can speak Portuguese, the official language. Portuguese comprehension rates are particularly low in rural areas and among women. The low level of literacy (especially female) means that access to information is mainly oral, highlighting the importance of community-level communication, especially through audio-visual material, community mobilization, radio broadcasts in local languages (radio is one of the most used community means of communication for rural areas) and face-to-face communication through community volunteers.

Identified constraint	Analysis
<b>Access</b>	Cutoff of roads and rail network that become impassable for vehicles carrying both food and non-food items and sending referrals to district hospital. During the coming months in the rainy season, continuous rains and cyclones are predicted which could further hinder access.
<b>Procurement and supply chain management</b>	CVM requires logistical capacity support recruitment and training, assessment of warehouses and continuous monitoring of the situation. While IFRC has a contract with one Financial Service Provider (FSP), it is necessary to procure more FSPs and advocate for long-term framework agreements with both CVM and IFRC.
<b>Scale of operation</b>	The geographical areas impacted by the floods are significant as six of the eleven provinces in Mozambique were affected. Moreover, the needs are diverse, namely in WASH, shelter, food, health and security.
<b>Human resources</b>	Staff capacity could be overstretched – there is a need for recruitment and training of more national coordinators of CVM to provide a response to the needs posed by this disaster.
<b>Information management</b>	Missing data (cluster data, segregation). District Councils have limited capacity to get enough data due to overwhelming magnitude of the disaster.
<b>Unfavorable weather conditions</b>	Unfavorable weather conditions coupled with bad state of roads making it difficult to deliver consignment to the affected population. Mozambique is in the midst of the rainy season and continuous rains are predicted for the months of February and March. Another nine tropical depressions are predicted with possibility to evolve in tropical cyclones. This can lead to further aggravation of the situation and could hinder the implementation of activities

## FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of CVM and in consultation with all Federation members contributing to the response, including the partner national societies based in the country. The approach, reflected in this OS, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the Federation in the country, to maximize the collective humanitarian impact.

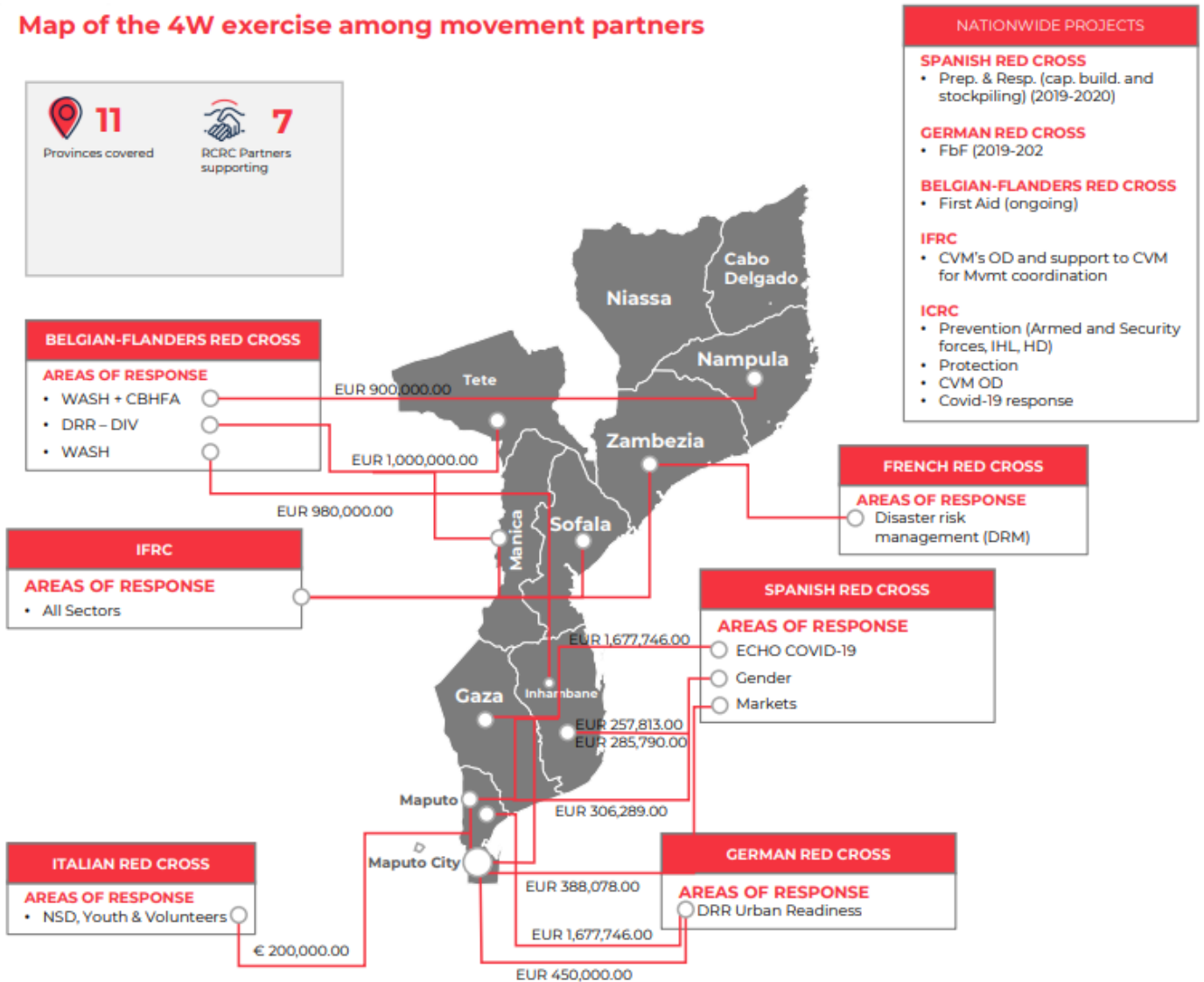
The Federation-wide funding requirement for this emergency appeal comprises all support and funding to be channeled to the Operating National Society in response to the emergency event. This includes the operating

National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the fundraising ask of the IFRC Secretariat.



## MAP of the 4W exercise among movement Partners

### Map of the 4W exercise among movement partners



The IFRC has supported CVM in this response through its operation teams based in Mozambique and already responding to TC Eloise. Communication and shelter personnel were quickly deployed to Nampula to support the branches with rapid assessment and develop CVM's initial communication plan. A second operational team has been deployed to Tete to support CVM in the coordination with authorities and the setup of the evacuation center. Administrative and finance support is already ongoing to ensure an efficient and rapid cash flow to CVM branches actively responding. The IFRC and CVM have scaled up the Shelter Cluster coordination as co-lead for this response.

IFRC, partner National Societies and the ICRC have been meeting three times a week for Movement Coordination, led by IFRC, and participating in the CVM-led Emergency Response Coordination updates (GODE).

The table below analyses the needs of the affected population in each province, and maps what support is available at this time for the revised OS. This also shows the gaps in programming and where additional support is needed.

# OPERATIONAL STRATEGY

## Vision:

The revised OS will enable 226,500 people affected by the 2021 and 2022 floods and cyclone seasons to meet their emergency needs in a safe and dignified manner, recover from crisis and strengthen their resilience to shocks. It will focus on continuing the recovery work started with the TC Eloise operation in 2021, especially by scaling up the shelter recovery component and to deliver emergency response across the six affected Provinces, by using existing and new partnerships and by increasing CVM capacities. The most recent needs assessment results show that emergency shelter is the most significant and pressing need across the affected populations in the 6 provinces post TS Ana. CVM has the capacity to respond in all 6 provinces, and partnerships in some provinces to support with NFIs distributions and messaging related to Cholera and COVID-19. We would like to strengthen this with additional shelter NFI distributions or cash transfers as appropriate. Some regions are not covered by partnerships, hence the necessity to support CVM to quickly implement in these locations.

Resilience activities, as per our learnings from Cyclone Idai, will be integrated into the operation, so that recovery is supported but also that communities are better prepared to withstand future shocks. For example, more resilient housing, better community capacity to respond to disasters, and awareness raising on adapting to climate change. On top of this, we would like to increase the prepositioned stock to be nearer to the planned national contingency and improve local warehousing capacity. Furthermore, CVM capacities in Logistics, Finance, and HR will be strengthened.

## Anticipated risks and adjustments in operation

It is likely that there will be another intense weather event during the 2021/22 season based on long-term forecasting. Flood risks, including flash floods will continue throughout the rainy season. Water-borne diseases are very common in Mozambique, and these events will likely increase the risk of Cholera outbreaks, and Malaria, among others. The impact of the storms in agriculture and crops will likely intensify the food insecurity situation in different parts of the country throughout 2022. Risk of inflation due to staple food shortages are very likely, reducing food access to an impoverished population. Given the scarcity of livelihoods and food, boys and girls may be called to support households in attending minimum needs, which will likely increase school dropouts. Increased in negative coping mechanisms such as child labour and early marriages cannot be ruled out.

The IFRC security plans will apply to all IFRC staff throughout the duty station and its operational areas. Area specific Security Risk Assessment have been conducted during Idai and TC Eloise responses and will be continuously assessed and adapted if the security situation changes. For any operational area should any IFRC personnel deploy there, risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC NEW Stay Safe 2.0 e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. Minimum Security Requirements (MSR) is in place for Mozambique.

## Targeting

### 1. People to be assisted

The geographic targeting has in consideration:

- Areas with more needs and number of affected people with difficult access
- Socio-economic impact caused by the disasters
- Number of affected and resettled people
- Casualties and loss of livelihoods
- CVM capacity in the area

- Intervention by other partners

Having this into consideration, the following are the provinces, districts and sectors of intervention considered in the OS for this revised EA:

Province	Total Population <sup>7</sup>	Population in Need <sup>8</sup>	Support provided	RCRC Target
Zambezia	7,200,864	96,223	Shelter, WaSH, Health, FSL, CTP, PGI and DRR	63,500
Tete	2,648,941	35,845	Shelter WASH, Health, FSL, CTP, PGI and DRR	20,000
Nampula	8,274,129	27,596	WASH, Health, PGI, DRR	20,000
Sofala	2,259,258	7,375	Shelter, WASH, Health, FSL, PGI and DRR	3,000
Manica	1,945,994	13,495	Health, WASH, PGI, DRR	4,000
Niassa	1,890,714	335	Health, WASH, FSL, DRR	1,000
<b>Cyclone Eloise target (2021)</b>			Shelter, WaSH, Health, FSL, CTP, PGI and DRR	115,000
<i>Total</i>				<i>226,500</i>

## 2. Considerations for protection, gender and inclusion and community engagement and accountability :

The target selection criteria will have in consideration people´s and households protection and the following groups will be prioritized during the targeting process:

- Child-headed households.
- Elderly-headed households.
- Households with persons living with chronic diseases / HIV.
- Female-headed households.
- Households with children receiving or in need of supplementary or therapeutic feeding.
- Households caring for orphaned children less than 18 years old.
- Those directly affected by strong winds, stormy rains and floods for their Shelters, livelihoods, assets, etc.
- Pregnant women, lactating mothers and children under 5 years.
- People living with disabilities.


In all selection processes a bottom-up and participatory approach will be applied following the Community Engagement and Accountability principles. The selection criteria will be discussed with the communities through involvement of community leaders in community meetings. Each sector has its own set of targeting criteria that will support prioritization within these groups. Once this population is assisted, the sector or multi-sector vulnerability assessment will be applied to a given community or household.



<sup>7</sup> 2017 Census

<sup>8</sup> INGD 31 January


There are, however, situations where the most vulnerable groups cannot be enrolled in the proposed activities. In this case, specific activities will be designed to promote inclusion of these groups and awareness-raising with the communities will be done to ensure that the overall population is sensitized to the particular vulnerability of these community members and solutions within the community will be sought to overcome the situation of the most vulnerable.

## PLANNED OPERATIONS


	<b>Shelter, Housing and Settlements</b>	Female > 18: 3,380	Female < 18: 3,640	CHF1,877,000
		Male > 18: 2,600	Male < 18: 3,380	Target: 13,000 people
<b>Objective:</b> Communities in disaster and crisis affected areas restore and strengthen their safety, well-being through emergency shelter and settlements and early recovery solutions				
<b>Key indicators</b>				
<i># of households provided with emergency shelter and settlement assistance</i>				2,500
<i># of households who have durable shelter solutions that meet national and/or Cluster standards for recovery for the specific operational context</i>				100
<i>% of surveyed people who report that the shelter solution they implemented has helped in their long-term recovery</i>				85%
<b>Priority Actions:</b>				
<ol style="list-style-type: none"> <li>1. Affected households are provided with emergency shelter and settlement assistance through distribution of shelter kits, tarpaulins, essential household items</li> <li>2. Coordination with relevant sectors, the government and other stakeholders (including Shelter Cluster)</li> <li>3. Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response</li> <li>4. Shelter and settlements detailed assessment of housing damage, vulnerability criteria and targeting for durable shelter solutions</li> <li>5. Analysis of the local market to identify availability/access to shelter construction materials</li> <li>6. Establishment of framework agreements with relevant third parties including for provision of materials and transport</li> <li>7. Design and implementation of owner-led housing reconstruction/rehabilitation programme with technical support, guidance, training and awareness raising in safe emergency shelter design and settlement planning</li> <li>8. Mobilization of CVM volunteers for selected districts to assist the most vulnerable persons with shelter repair and construction and for peer-to-peer support</li> <li>9. Training for CVM volunteers in emergency and durable shelter implementation</li> <li>10. Provide durable shelter and settlement solutions, through cash grants or in-kind support or community construction with technical guidance for shelter repairing/rehabilitation, with attention to protection, disability inclusion and flood-resistant shelter</li> <li>11. Provision of technical skills training for artisans to assist communities in shelter reconstruction, including through Cash for Work programmes as appropriate</li> <li>12. Provision of IEC materials and/or community initiatives to build back safer with DRR and resilience building initiatives, including PASSA.</li> <li>13. Post distribution monitoring and evaluation of the assistance</li> </ol>				

	<b>Livelihoods</b>	Female > 18: 5,221	Female < 18: 5,622	CHF171,000
		Male > 18: 4,016	Male < 18: 5,220	Target: 20,080 people
<b>Objective:</b> Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods				
<b>Key indicators</b>				
<i># of households supported to meet immediate needs through cash transfers</i>				4,000
				80
<b>Priority Actions:</b>				
<ol style="list-style-type: none"> <li>1. Assessment of disaster impact, identification of communities and targeting of households for livelihood restoration, in partnership with local authorities, including labour and market assessments</li> <li>2. Immediate needs, such as food, met through cash grant interventions</li> <li>3. Household livelihoods security is enhanced through food production and income generating activities restoration through distribution of productive assets to farmers (seeds, tools, poultry, livestock, and feeding) via cash grant intervention and technical support</li> <li>4. CVM volunteers are equipped to support livelihoods interventions through technical assistance</li> <li>5. Vocational training opportunities, which are nationally certified, are provided for a variety of skills with startup kits for the necessary tools to start small businesses</li> <li>6. Monitoring of the livelihood support provided including PDMs</li> </ol>				
	<b>Multi-purpose Cash</b>	Female > 18: 5,200	Female < 18: 5,600	CHF 455,000
		Male > 18: 4,000	Male < 18: 5,200	Target: 20,000 people
<b>Objective:</b> The most affected communities improve their access to essential food and non-food commodities and services				
<b>Key indicators</b>				
<i># of households provided with multipurpose cash grants, including for livelihoods recovery</i>				4,000
<i>% of target households that have enough sources of food and income to meet their survival threshold (including cash grants)</i>				85%
<b>Priority Actions:</b>				

1. Conduct a Rapid Assessment for Markets (RAM) and market monitoring
2. Analysis to adjust cash transfer value based on market assessment and secondary data
3. Provide households with unconditional/multipurpose cash grants to address their basic needs including linked to COVID-19 isolation during the tropical cyclone season.
4. Households are provided with unconditional/multipurpose cash grants for livelihoods recovery
5. Equip NS staff and volunteers to implement cash transfer programmes including information management and financial reconciliation processes, including through the use of virtual trainings
6. Advocacy for and establishment of tri-party long-term IFRC compliant contracts with Financial Service Providers and relevant government partners to increase cash preparedness
7. Establish partnerships with other NS for experience exchanges and learning around cash transfer programmes for increased Movement coordination
8. Promote coordination between IFRC/CVM and national stakeholders, including government partners such as for social protection, for alignment of transfer values and mapping of FSPs
9. Post-distribution Monitoring (PDM)

	<b>Health &amp; Care</b>	Female > 18: 58,890	Female < 18: 63,420	CHF 528,000
		Male > 18: 45,300	Male < 18: 58,890	Target: 226,500 people
<b>Objective:</b> The immediate risks to the health of the affected population are reduced and the psychosocial impacts of the emergency are lessened				
<b>Key indicators:</b>				<b>Targets</b>
# of people reached with Psychosocial Support services				34,000
# of people reached with community-based disease prevention and health promotion programming				226,500
% of target population who can recall 3 or more protective measures for target diseases				>70%
# of volunteers and health staff trained on EPiC (Epidemic Preparedness and response in Communities), BTIT, Nutrition, MHPSS				825
# of household reached through Branch Transmission Intervention Teams(BTIT), in which volunteers conduct actions to break transmission of waterborne diseases at household level				20,000
# of persons reached on nutrition through cooking demonstration and MUAC screening				5,500
# of persons supported on diseases prevention and hygiene promotion at Community Health Mobilization Posts				12,000
# of persons reached through Malaria prevention and response through distribution of mosquito nets and RCCE activities				18,000
1. Mental Health and psychosocial support				


- a. The affected communities receive adequate psychosocial support, integrated in the Community Based Health activities, through group discussions and household visits of community volunteers
  - b. Volunteers and staff of the Mozambican Red Cross are trained in Psychological First Aid as part of the newly developed EPiC training
  - c. Trained community leaders work together with community volunteers in identification of people with psychological impacts of the disasters and provide adequate support
  - d. Volunteers and staff are supported through provision of psychosocial support
  - e. Community messaging about mental health awareness and support services is provided to affected communities and integrated into community-based health and first aid and protection programming
  - f. Referral services are updated, mapped, and the information distributed to staff, volunteers, and community members for further support
2. Outbreaks are detected and responded to at an early stage and responded on through trained community volunteers
  3. Continuous capacity building of volunteers and health staff trained after Idai cyclone by adding the following training modules to their curriculum: Epidemic Preparedness and response in Communities training (Including modules of CBHFA, ECV, CEA and PFA), Branch Transmission Intervention Team (BTIT), Mental Health and Psychosocial Support (MHPSSS) and Nutrition.
  4. Prevention of and response to cholera outbreaks through breaking transmission chains at household and community level through the Branch Transmission Intervention Team (BTIT) approach, which integrates Health and WASH activities and is in accordance with strategy of MoH
  5. Raise awareness of nutrition through cooking demonstrations and referral of malnourished children by MUAC screening. Support the follow-up at community level of children PLWs in treatment, especially in case of treatment defaulters. Dissemination of messages at community level on nutrition promotion across the life course, particularly IYCF (infant and young child feeding and breastfeeding)
  6. Health promotion and disease prevention is provided through outreach activities and at the Community Health Mobilization Points by integrating of Health, WASH, PGI and Livelihood
  7. Facilitate vector control through provision of treated mosquito nets, community cleanup campaigns and removal of stagnant water.
  8. Provision of first aid through trained and equipped volunteers

	<b>Water, Sanitation and Hygiene</b>	Female > 18: 58,890	Female < 18: 63,420	CHF 524,000
		Male > 18: 45,300	Male < 18: 58,890	Target: 226,500


**Objective:** The risks of water related diseases in the communities targeted in recovery phase are reduced in a sustainable manner

<b>Key indicators:</b>	<b>Targets</b>
<i># of people reached by hygiene promotion activities using the Branch Transmission Intervention Approach</i>	<i>226,500 people</i>
<i># of waterpoints constructed</i>	<i>10</i>
<i># of waterpoints rehabilitated</i>	<i>30</i>
<i># of latrines constructed</i>	<i>200</i>
<i># of Household hygiene kits distributed</i>	<i>2,000</i>
<i># of communities equipped and supported in regular clean-ups of neighborhoods to reduce vectors</i>	<i>40</i>

# of volunteers trained in PHAST	120
<b>Priority Actions:</b>	
<ol style="list-style-type: none"> <li>1. Conduct initial assessment of the water, sanitation, and hygiene situation in targeted communities</li> <li>2. Communities' immediate needs are met through distribution of WASH NFIs including water purification agents, jerry cans, soap, etc.</li> <li>3. Coordinate with other WASH actors on target group needs and appropriate response</li> <li>4. Improve community access to safe water through rehabilitation of water distribution systems</li> <li>5. Support communities to reduce open defecation through establishing temporary / permanent water supplies and sanitation facilities with appropriate wastewater treatment, including support for schools and people with special needs</li> <li>6. Mobilize targeted communities (CLTS/PHAST) to construct latrines and carry out environmental sanitation activities</li> <li>7. Provide communities with the knowledge and best practices to improve community-based management of water and sanitation facilities through establishing and equipping WASH committees at community level, including provision of maintenance accessories and refresher trainings for existing committees</li> <li>8. Conduct needs assessment: define hygiene issues and assess capacity to address the problem</li> <li>9. Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication)</li> <li>10. Develop a hygiene communication plan and train volunteers to implement activities from communication plan with continuous monitoring to adjust the communication strategy and content</li> <li>11. Promote behavioral change in personal and community hygiene by conducting hygiene promotion sessions along with distribution of household hygiene kits including dignity kits, menstrual hygiene management kits, and household hygiene kits to support the Branch Transmission Intervention Team approach Community volunteers organize clean-up campaigns to reduce vectors in community's and assure sustainability of activities through donation of community clean-up kits</li> <li>12. Post-distribution monitoring and evaluation of activities</li> </ol>	

	<b>Protection, Gender and Inclusion</b>	Female > 18: 58,890	Female < 18: 63,420	CHF 47,000
		Male > 18: 45,300	Male < 18: 58,890	Target: 226,500 people
<b>Objective:</b> Communities become more peaceful, safe, and inclusive through meeting the needs and rights of the most vulnerable				
<b>Key indicators</b>				
<i># of people reached with PGI and prevention and response to SGBV awareness messages</i>				111,500 people
<i># of RCRC volunteers and staff trained on PSEA, Child Protection and Safeguarding, Sexual and Gender-based Violence (SGBV), mandatory reporting and zero tolerance policies, gender equity and inclusion</i>				825
<i># of people reached through safe spaces at Community Health Mobilization Points</i>				7,435
<b>Priority Actions:</b>				

1. Ensure safe and equitable access to basic services, considering different needs based on gender and other diversity factors, through PGI informed multi-sectors needs assessment to identify and address gender and diversity specific needs and protection risks
  - a. Basic trainings on Psychological First Aid and stress management for those in senior centers
  - b. Economic empowerment and support for female-headed households
  - c. School supplies and adapted messaging for children to raise awareness about protection and prevent early marriage
2. Emergency & Recovery response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children, promoting safer communities by providing safe spaces (women and men), disseminating messages for awareness on prevention and response to SGBV, providing counselling, case detection and safe referrals, including messaging adapted for children and youth
3. Door-to-Door or group sessions communities on SGBV, child marriage, back to school information, and identification of vulnerable cases (together with PSS topics)
4. Policy creation and updates for PGI matters, implemented throughout the organization
5. Regular training and refresher training for all IFRC and CVM staff and volunteers and community leaders about PSEA, Child Protection and Safeguarding, SGBV, mandatory reporting and zero tolerance policies, gender equity and inclusion, including mandatory onboarding for new personnel
6. Mapping and promotion of referral networks for different PGI matters with creation and distribution of this information through IEC materials
7. Advocacy for improved gender equity throughout the organization and programme
8. Promote CVM knowledge of, and engagement on, the provision of PGI awareness activities with relevant authorities such as police and administrative posts personnel, and other government stakeholders
9. Safe spaces for women at Community Health Mobilization Points for PSS and referral services, support groups, and recreational activities
10. Evaluate the Protection Gender and Inclusion Policy of the National Society and discuss the way forward

	<b>Risk Reduction, climate adaptation and Recovery</b>	Female > 18: 20,800	Female < 18: 22,400	CHF 870,000
		Male > 18: 16,000	Male < 18: 20,800	Target: 80,000 people


**Objective:** Enhance preparedness and readiness capacity throughout the country especially in the vulnerable communities

### Key indicators


# of people reached through DRR and Climate Change Adaptation activities	80,000
# of people reached through Early Warning messages	21,500
# of local disaster management committees trained and equipped for disaster risk mitigation and response	30
# of CVM volunteers and staff trained in preparedness and response to disasters	80
# of boats for search and rescue procured	5
# of people reached through climate change awareness campaigns	42,500

### Priority Actions:

1. Anticipatory actions already taken for preparation to the storm and flooding
  - a. Imminent DREF launched to support 20,000 households for immediate recovery
  - b. EAP launched for floods for Zambezia province
2. Training of Local Disaster Management Committees so that communities take active steps to strengthen their preparedness for timely and effective response to disasters
  - a. Training and equipment of Local Disaster Management Committees
  - b. Community disaster simulation exercise
3. Train CVM volunteers and staff for search and rescue activities, including first aid, in cooperation with government actors and equip them to respond to future disasters and emergencies
4. Train CVM volunteers and staff in disaster preparedness and response to be deployed in emergencies (NDRT)
5. Raise awareness on climate change through training of CVM staff and volunteers and sensibilization of communities as integrated in all CVM activities. Inclusion of awareness raising in clean-up campaigns as integrated with WASH and Health sectors
6. Conducting tree planting and reforestation activities in consultation with communities to provide multi-targeted sustainable solutions for timber and other resources.
7. Support preparations for the floods season, including updating contingency plan, emergency simulation exercises and test EAPs, and prepositioning of stocks. These activities will continue throughout the season to increase the RCRC preparedness for future events, building on the work started in 2019, and with the support of partners in country
8. Increase CVM's connection to Federation-wide DRR initiatives and coordination with other actors on national and international level
  - a. Strengthen link with related RCRC initiatives at national and sub-regional level including Forecast Based Financing, Red Ready Initiative and Tree Planting and Care Plan
  - b. Coordinate with National Disaster Risk Working Group Forum
  - c. Participate in National, Provincial and District coordination meeting on preparation and response to emergencies
9. Prepare CVM branch volunteers and communities to conduct readiness and prepositioning activities indicated in the floods and cyclone Early Action protocol
  - a. Procurement of search and rescue boats
  - b. District warehouses strengthened to support quicker, localized responses and mitigate further displacement of populations in need after a disaster
  - c. Organization of warehouses and improved inventory management resources
  - d. Procurement of a truck and/or framework agreements established with trucking providers
  - e. Prepositioning and replenishment of stocks for emergency responses
10. Rehabilitate resilient transition centers on safe areas to temporarily accommodate people after emergencies before continuing to accommodation centers
11. Host a workshop on lessons learnt from recent disaster responses Idai, Eloise, Kenneth, Chalane and floodings, including updating the PER mechanism (conducted in 2019) to evaluate progress and points of action
12. Link DRR activities to programmes of the CVM of improving preparedness and increasing resilience of the population. Contribution to CVM contingency plans as one Red Cross Movement through the Disaster Management Working Group


	<b>Community Engagement and Accountability</b>	Female > 18: 55,000	Female < 18: 16,500	NA – included in NSS enabler
		Male > 18: 27,500	Male < 18: 16,500	Target: 226,500 people
<b>Objective:</b> Have the communities at the center throughout the project implementation by involvement of community leaders, RCCE sensibilization activities and establishment of feedback collection systems				
<b>Key indicators</b>				
% of queries / feedbacks received through the feedback mechanisms established that were responded to		80%		
# of community leaders trained and involved in the response		200		
# of CVM staff and volunteers trained on CEA and RCCE and involved in the response		825		
% of operational decisions made based on community feedback		100%		
<ol style="list-style-type: none"> <li>1. The communities are at the centre of the project design and implementation through involvement and training of community leaders and organization of community meetings</li> <li>2. CVM staff and volunteers are trained on CEA and RCCE approaches focusing on community participation, collection of rumors and feedback and its response</li> <li>3. Ensure that community feedback system is established, and feedback acted upon and used to improve the operation including mapping of complaints and follow up/investigations as necessary</li> <li>4. Elaboration of a CEA monitoring plan and implement, including a beneficiary satisfaction survey to conduct at the end of each the sector operations as appropriate</li> <li>5. Set-up and running of a complaints line operated by the CVM</li> </ol>				

## Enabling approaches

	<b>National Society Strengthening</b>	Female > 18: 100	Female < 18: 0	CHF 475,000
		Male > 18: 200	Male < 18: 0	Target: 300 people
<b>Objective:</b> Support National Society Development including preparedness and response capacity.				
<b>Key indicators</b>				
# of volunteers insured		800		
National Society has elaborated a new four-year strategy		Yes		
# of digitalization systems implemented to improve finance management, logistics and volunteer management		1		
Communication and coordination within the National Society has improved		Yes		

**Priority Actions:**

1. Explore and implement improved volunteer insurance
2. Implement system for financial and logistic digitalization of processes through procurement of software and capacity building of CVM staff
3. Pilot of system to track and register volunteers and provide them with their compensations
4. Update HR procedures, through establishment of a working group and a consultant (deliverables expected: CVM Organigram, ToRs for the CVM Staff, Revision of the HR Policies in place including a performance appraisal system in place)
5. Build financial management capacity through the creation of a working group and contracting a consultant assess the Financial Management system in place at the National Society. Revise the financial management policies and procedures of CVM and purchase a financial management software and related IT Infrastructure.
6. Develop the new four-year strategy for CVM
7. Improve Cash Transfer programs through recruitment and capacity building of a CVM livelihood/CASH coordinator
8. Ensure a data management plan is in place with mapping of data flow and IM capacity building
9. Hold trainings about PSEA, child protection, Gender based Violence and other protection and inclusion principles for all staff and volunteers

	<b>Coordination and Partnerships</b>	Female > 18: NA	Female < 18: NA	CHF 14,000
		Male > 18: NA	Male < 18: NA	Target: NA
<b>Objective:</b> Strengthen Coordination and Partnerships within the Movement and with relevant external actors				
<b>Key indicators:</b> <ol style="list-style-type: none"> <li>1. Number of new CVM partnerships formed</li> <li>2. Number of Movement Coordination Agreements formed (Goal: 1)</li> </ol>				
<i># of external partnership supporting the NS in the response</i>			2	
<i># regular coordination meetings ensuring alignment and coordination with all Movement partners</i>			12	
<i># of CVM staff trained in partnership development</i>			50	
<b>Priority Actions:</b>				
<b>Membership Coordination</b> <ol style="list-style-type: none"> <li>1. Increase CVM coordination for cash transfer programmes with other NS within Southern Africa</li> <li>2. Support development of Lusophone partnerships for CVM including creation of a Cash Community of Practice and the sharing of resources translated into Portuguese</li> <li>3. Coordinate meetings on SOPs, policies and procedures in place with Regional Branches Leadership, relevant Staff/coordinators at national level and PNSs (initiative proposed during a coordination meeting)</li> </ol>				
<b>Engagement with external partners</b> <ol style="list-style-type: none"> <li>1. Promote CVM partnerships for resource mobilization and experience exchanges</li> <li>2. CVM staff trained in partnership development and elaboration of project proposals</li> </ol>				


3. Advocacy and humanitarian diplomacy with national authorities, UN agencies and NGOs to develop inter-agency alignment on topics of humanitarian concern and principled assistance

### **Movement Cooperation and Coordination**

1. Draft and implement a Movement Coordination Agreement among all Partner National Societies, ICRC, and IFRC

### **Communications**

2. A communications officer is active in the operation, ensuring that all Movement partners coordinate to present a united communication plan, especially with media and interviews. The disaster has been posted on IFRC and CVM social media. A Communications surge personnel was on the ground before landfall to assist in forming the communications strategy for the operation.

	<b>Shelter Cluster Coordination</b>	Female > 18: N/A	Female < 18: N/A	35,000 CHF
		Male > 18: N/A	Male < 18: N/A	N/A


**Objective:** Promote coordination among humanitarian and government actors to meet shelter needs throughout the affected area and prepare for future eventst

### **Key indicators**

# of active shelter actors engaging with SC and participating in coordination meetings	15
A shelter response strategy in place, agreed upon by all shelter actors	1
Cluster coordination capacity and information management system in place to monitor and improve the quality of the shelter response and eliminate duplication and gaps.	1

### **Priority Actions:**

1. Scale up coordination capacity of Shelter and NFI Cluster at National and Central Region levels, while engaging with the National Disaster Management Institute (INGD), Provincial authorities and HCT focal points to support needs assessment and prioritization efforts, enabling an equitable provision of emergency shelter, essential household items and technical assistance by Shelter Cluster partners to the most vulnerable families / people – displaced or in site - whose houses have been partially damaged or destroyed.
2. Sustain National coordination capacity for the development of a shelter strategy for the response in coordination with both, INGD addressing emergency shelter needs, and with GREPOC addressing shelter recovery assistance solutions.
3. Conduct regular coordination meetings, provide a platform for coordination and technical support to humanitarian shelter partners.
4. Development, as necessary, and dissemination of technical guidance, tools and standards that are useful for the response (such as existing EICs in Portuguese, the HLP profile, detailed shelter response profile, etc.).

	<b>Secretariat Services</b>	Female > 18: 50	Female < 18: 0	CHF 504,000
		Male > 18: 50	Male < 18: 0	Target: 226,500 people
<b>Objective:</b> Strengthen Secretariat services				
<b>Key indicators</b>				
# of surge and temporarily outside support of IFRC			4	
# of IFRC national staff supporting CVM through capacity building			10	
<b>Priority Actions:</b>				
<ol style="list-style-type: none"> <li>1. <b>PMER/IM:</b> An M&amp;E framework will be developed, including definition of quality and quantitative indicators to allow sound monitoring, tracking and reporting of activities implemented and evaluate the effect and impact of programmes. The PMER will include a holistic Information Management system including digitalized data collection through KOBO, a centralized database and data management software comprehending visualization (dashboard and infographics). Additionally, PMER will support all necessary evaluations for this operation to document lessons learned.</li> <li>2. <b>Logistics and Supply Chain:</b> Logistics will support the operations, delivering a range of relief items and services in line with operational priorities. The supply chain will seek to adapt to the challenging infrastructure limitations in-country with a focus on fleet, procurement, warehousing and transport. Local and international procurement will be carried out in accordance with the NS and IFRC standard procurement procedures. Support to CTP assistance will also be anticipated. CVM warehouse at HQ and branch level will be used to stock the NFIs before distribution. Fleet plans have been made to support the NS in Zambezia and Nampula Provinces.</li> <li>3. <b>Administration &amp; Finance:</b> The administration department continues to assist all teams by providing convenient but accountable working and living conditions in all operational areas. The finance department will continue to ensure efficient and accountable management of financial resources, operational cash-flows are forecasted adequately and arrive timely to the development of activities, maintain and if possible, improve the accounting systems in order to represent well the performance of the operation.</li> <li>4. <b>Security:</b> Minimum Security Requirements (MSR) for Mozambique have been updated for 2021 and fully approved. Minimum Security Requirements (MSR) are in place for Mozambique. Under the Pandemic situation staff and volunteers are encouraged to follow and abide to the government directives which may include wearing of masks, physical distancing, etc. Staff/volunteers continue to familiarize themselves with country specific Business Continuity Planning (BCP) including all preventative and control measures that are in place. The CIMT will also review and update country specific BCPs as needed. The BCP for IFRC and CVM has been established since the beginning of COVID-19 Pandemic and remains in force as part of the IFRC Duty of Care policy. In case of Surge deployments under Staff Health, the IFRC ensures that the person to be deployed receives country-specific health advice, medical insurance covering COVID-19 in the country of deployment, and the possibility of MedEvac to the nearest able country or to their home. Prior to deployment, all foreign staff participate in mandatory security and staff health briefings.</li> <li>5. <b>Human Resources:</b> HR support will be needed to scale up the operation while maintaining business continuity across the organization. Surge capacity will be deployed on as needed basis to augment the Headquarters and Branch capacity of the NS.</li> </ol>				

## Risk management

Risk	Likelihood	Impact	Consequences	Mitigating steps
1. Human Resource Capacity Constraints	Likely	High	<ul style="list-style-type: none"> <li>Delays in operation implementation</li> <li>Quality of program implementation is affected</li> </ul>	<ul style="list-style-type: none"> <li>Surge requests made</li> <li>More formal processes for inductions, exit, handovers</li> <li>Increased opportunities for training</li> <li>Rate of nationalizing positions</li> <li>Look at salary scales</li> </ul>
1. Disease outbreak (cholera, COVID-19, malaria)	Likely	Medium	<ul style="list-style-type: none"> <li>Delayed/low implementation of planned activities</li> <li>Unmet beneficiaries need</li> <li>Non-compliance to donors' requirements on timely implementation</li> </ul>	<ul style="list-style-type: none"> <li>Frequent updates to BCP</li> <li>Readjust activities and personnel to adhere to guideline in place.</li> <li>Prepositioning of stocks and early actions/response to outbreaks</li> <li>PPE provision to staff and volunteers</li> </ul>
2. Risk of Sexual Exploitation and Abuse	Possible	High	<ul style="list-style-type: none"> <li>Damage to organizational reputation</li> <li>Loss of trust by donors, government and partners</li> <li>Potential legal repercussions</li> <li>Potential termination of staff</li> </ul>	<ul style="list-style-type: none"> <li>Code of conduct applied for all staff, volunteers, and contracted third parties including child safeguarding and protection from sexual exploitation and abuse</li> <li>Active feedback and complaints mechanisms</li> <li>Staff training and mandatory reporting for potential incidents</li> <li>Zero-tolerance policy for exploitation and abuse</li> </ul>
3. Additional natural disasters	Likely	Medium	<ul style="list-style-type: none"> <li>Delays or constraints to program implementation</li> <li>Compounded needs in affected areas</li> </ul>	<ul style="list-style-type: none"> <li>Early warning systems and disaster contingency planning</li> <li>Activation of Early Action Protocols</li> <li>Stock prepositioning</li> </ul>

			<ul style="list-style-type: none"> <li>• Disruption to transport and communication systems</li> </ul>	
4. Volatile security contexts	Possible	Medium	<ul style="list-style-type: none"> <li>• Impact for safety of CVM staff/volunteers, IFRC staff</li> <li>• Ability of CVM to conduct emergency relief and programmes</li> </ul>	<ul style="list-style-type: none"> <li>• CVM and IFRC as applicable routinely assesses programme risk before implementing in specific areas</li> <li>• CVM operations room monitors on-going activities including tracking convoys, crossline missions, evacuations, etc.</li> <li>• CVM volunteers and staff are properly identified and follow security procedures</li> <li>• Coordination with ICRC for response in Cabo Delgado</li> </ul>
5. Supply chain issues and procurement processes delay implementation	Possible	Medium	<ul style="list-style-type: none"> <li>• Supply chain of relief and recovery items is disrupted</li> <li>• Delays in procurement processes lead to delays in implementation</li> <li>• Not possible to deliver all identified goods to the communities</li> <li>• Lowering of donor and community satisfaction with the program</li> </ul>	<ul style="list-style-type: none"> <li>• IFRC adapts plans accordingly to the changing context, and alternative measures are implemented when possible</li> <li>• Market analysis and monitoring, include for transport suppliers</li> <li>• Donors are notified of the possible delays and challenges in the implementation of the funds</li> <li>• CVM and IFRC participate in relevant fora where main logistics issues are discussed.</li> </ul>
6. Financial related risks such as issued with international wire transfers and fraud and corruption	Possible	High	<ul style="list-style-type: none"> <li>• International wire transfers are blocked or disrupted</li> </ul>	<ul style="list-style-type: none"> <li>• Payments are made through Geneva or Nairobi to international suppliers</li> </ul>

- |  |  |  |   |
|--|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>• Fraud, corruption, and/or theft in the IFRC or CVM</li> </ul> | <ul style="list-style-type: none"> <li>• Alternative systems of cash transfers are utilized as an emergency procedure, and donors informed</li> <li>• IFRC Fraud and corruption prevention control policy (Triple defense) is disseminated in CVM</li> <li>• CVM and IFRC has an annual internal and external audit process</li> <li>• IFRC operation has a fully dedicated finance team to ensure funds are implemented in line with donor requirements, both working closely with CVM</li> <li>• IFRC maintains a detailed risk register clearly identifying vulnerabilities, mitigations measures and risk owners</li> </ul> |
|--|--|--|---|

## Quality and accountability

Key indicators are identified in the Planned Operations section. These and sub indicators will be used to set up an M&E framework to monitor the operations quantitatively and impact focused. Post distribution services will be carried out regularly after each significant part of the operation by sector. IFRC will also report as per the standard IFRC PMER reporting schedule. At the end of the operation a final evaluation will be carried out.

A key area in Quality and Accountability will be to note what safeguarding measures are in place and what actions will be taken to meet requirements for Protection from Sexual Exploitation and Abuse (PSEA) and around Child Safeguarding. Actions can include completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms and child friendly information and participation.

## Contact information

For further information, specifically related to this operation please contact:

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### For In-Kind donations and Mobilization table support:

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#### Reference

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